



**STATE OF SOUTH CAROLINA**  
**NON-PARTICIPATING MANUFACTURER'S SALES INFORMATION**  
 [Pursuant to S.C. Code Ann. §11-48-50]

**Manufacturer Identification**

Company Name:		Date:	
Address:			
City:	State:	Zip:	Country:
Telephone Number:	Fax Number:		E-Mail Address:
Name/Title of Person Completing Form:			

**MANUFACTURER'S RECORDS**  
 (Attach Addendum Pages As necessary)  
 Year of Liability 2010

Quarter Reported (check one):  1<sup>st</sup> Qtr  2<sup>nd</sup> Qtr  3<sup>rd</sup> Qtr  4<sup>th</sup> Qtr  
 Other: \_\_\_\_\_

**Instructions for Manufacturer:** List each distributor that is responsible for South Carolina tax on your cigarette and RYO brand(s). For each distributor, provide the name, address, contact person and phone numbers. For each distributor, provide the sales volume for South Carolina.

<b>Distributor Name:</b>	<b>Contact Person's Title/Name:</b>	<b>Distributor Address:</b>	<b>Phone Number:</b>
<b>Brand Family:</b>	<b>Check One:</b> <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	<b>Sales Volume per Manufacturer:</b>	<b>Sales Volume per Distributor reports to Dept. of Revenue (AG use only)</b>

<b>Distributor Name:</b>	<b>Contact Person's Title/Name:</b>	<b>Distributor Address:</b>	<b>Phone Number:</b>
<b>Brand Family:</b>	<b>Check One:</b> <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	<b>Sales Volume per Manufacturer:</b>	<b>Sales Volume per Distributor reports to Dept. of Revenue (AG use only)</b>

<b>Distributor Name:</b>	<b>Contact Person's Title/Name:</b>	<b>Distributor Address:</b>	<b>Phone Number:</b>
<b>Brand Family:</b>	<b>Check One:</b> <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	<b>Sales Volume per Manufacturer:</b>	<b>Sales Volume per Distributor reports to Dept. of Revenue (AG use only)</b>

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<b>Distributor Name:</b>	<b>Contact Person's Title/Name:</b>	<b>Distributor Address:</b>	<b>Phone Number:</b>
<b>Brand Family:</b>	<b>Check One:</b> <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	<b>Sales Volume per Manufacturer:</b>	<b>Sales Volume per Distributor reports to Dept. of Revenue (AG use only)</b>

<b>Distributor Name:</b>	<b>Contact Person's Title/Name:</b>	<b>Distributor Address:</b>	<b>Phone Number:</b>
<b>Brand Family:</b>	<b>Check One:</b> <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	<b>Sales Volume per Manufacturer:</b>	<b>Sales Volume per Distributor reports to Dept. of Revenue (AG use only)</b>

<b>Distributor Name:</b>	<b>Contact Person's Title/Name:</b>	<b>Distributor Address:</b>	<b>Phone Number:</b>
<b>Brand Family:</b>	<b>Check One:</b> <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	<b>Sales Volume per Manufacturer:</b>	<b>Sales Volume per Distributor reports to Dept. of Revenue (AG use only)</b>

<b>Distributor Name:</b>	<b>Contact Person's Title/Name:</b>	<b>Distributor Address:</b>	<b>Phone Number:</b>
<b>Brand Family:</b>	<b>Check One:</b> <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	<b>Sales Volume per Manufacturer:</b>	<b>Sales Volume per Distributor reports to Dept. of Revenue (AG use only)</b>

<b>Distributor Name:</b>	<b>Contact Person's Title/Name:</b>	<b>Distributor Address:</b>	<b>Phone Number:</b>
<b>Brand Family:</b>	<b>Check One:</b> <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	<b>Sales Volume per Manufacturer:</b>	<b>Sales Volume per Distributor reports to Dept. of Revenue (AG use only)</b>

<b>For Attorney General Use Only:</b>  <b>Total Cigarette Sticks: _____</b>  <b>Total RYO Ounces: _____</b>
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